



# Home Visitation to Prevent/Reduce Postpartum Depression

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## Background

-Current standard of care for postpartum depression (PPD)  
⇒ Medication and therapy within a inpatient/outpatient setting

-One of the largest barriers to care is the stigma around depression

Other barriers include:

- feeling disconnected from healthcare
- not being taken seriously
- lack of interdisciplinary referrals
- reluctance to take antidepressants
- shame
- guilt (“bad mom”)
- lack of education regarding depressive symptoms

-Home health visitation (HV) to treat depressive disorders has been proven to reduce hospitalization by 35% within 30 days of treatment, and 28% within the first 60 days

## Recommendations/ Future Research

-One screening during prenatal appointment (28-32wks)

-Rescreen moderate/high risk women X3 post natal (24-72 hrs, 2-3 wks, 8-12 wks)

-Home visitation is recommended as the standard of care for women who score repeatedly at high risk for PPD

⇒ Longitudinal continuation of program if willing to participate

⇒ Extend up to three years post partum to observe optimal outcomes

-Nurses should be educated about best practice during HV

⇒ bedside manner, outside resource referrals, stress management

-Home visitation should be an extension of a birthing center/hospital organization

⇒ recommended to enhance continuity of care

-Future research: Maternal/infantile PPD outcomes based on HV

-Satisfaction and willingness of women to enroll in HV

## Purpose/ PICOT

**Purpose:** To determine how women at high risk for postpartum depression are affected by home visitation

**Population:** postpartum women (16-35) with a high risk of postpartum depression

**Intervention:** consented outpatient home visitation (up to 3 years postpartum)

**Comparison:** standard of care for PPD (medication and therapy)

**Outcome:** if prevalence and symptoms of PPD are decreased.

## Methods of Data Collection

-Database list: Medline, CINHAI Ultimate, and Google Scholar

-Key Search Terms: postpartum depression, infant outcomes, maternal outcomes, home healthcare, postpartum treatment, EDPS screening

Level of Evidence	Number of Studies	Evidence Types
I	3	Systematic Review
II	4	Quasi Experimental
III	4	RCT's/Mixed Methods
IV	1	Clinical Guidelines

## Conclusion

- Home visiting program as the standard of care for PPD can reduce the prevalence and symptoms of PPD
- Positive outcomes are achieved by effective nursing/midwife support, screening tools, and evidence based interventions (outside referrals, and education)

## Results/Key Findings

-Home visitation is more effective at reducing PPD symptoms than standard of care in inpatient/outpatient settings

- 88% percent of women support home visitation programs and prefer them to clinic visits

-Nurses provide: stress management, maintaining a healthy family dynamic, dietary education, and infant care

⇒ bathing, feeding, child safety, lactation consultations

-Screen prenatal/postnatally with Edinburgh Depression Postnatal Screening (EDPS):

⇒ Most clinically accepted PPD screening tool

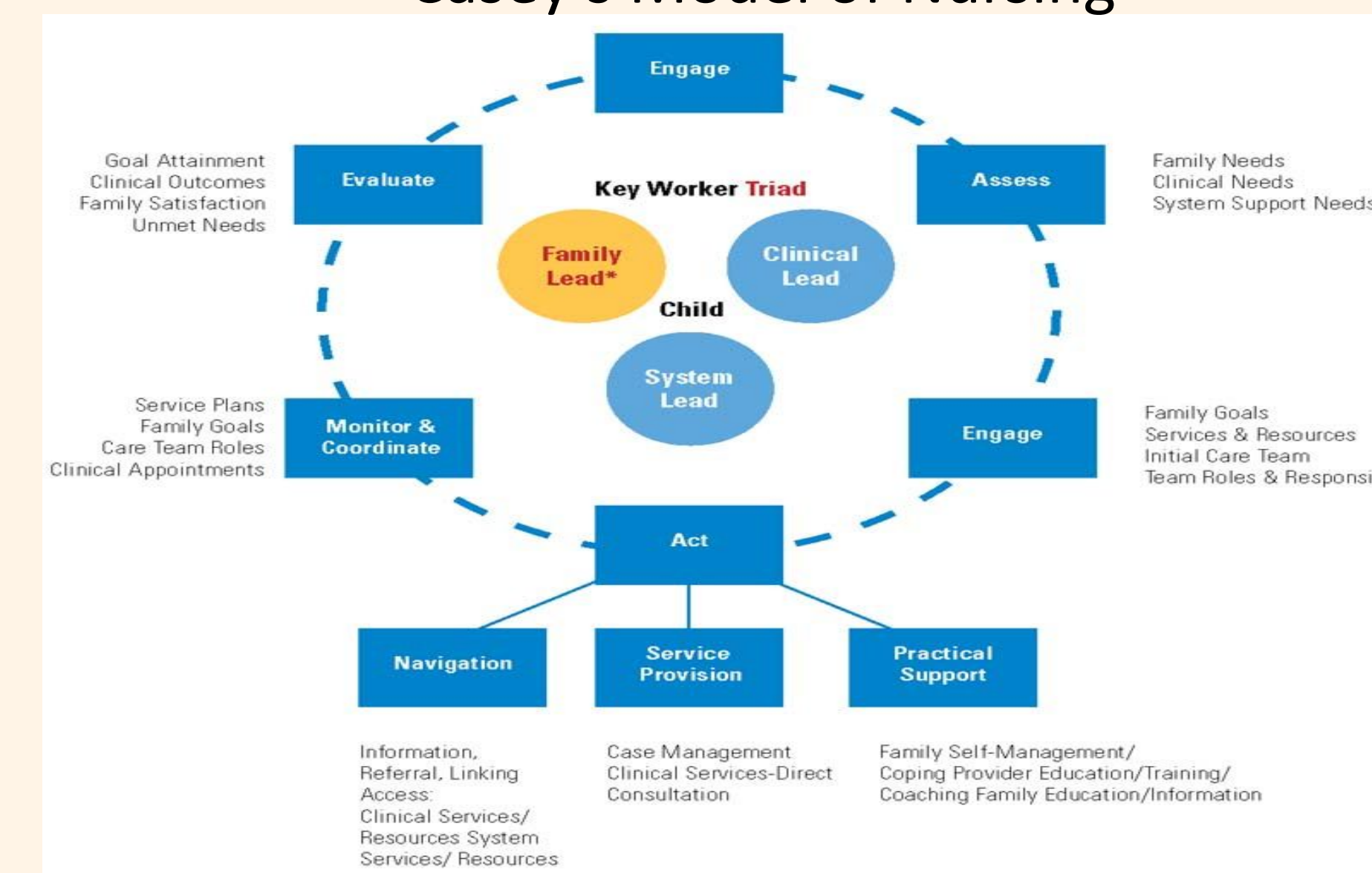
⇒ Screen frequently to identify and provide early intervention

-Follow up services for PPD include:

- Food stamps, WIC (women infants and children) programs
- car seat/childcare assistance
- therapist/psychologist, dental referrals
- local events (support groups, churches)

⇒ Lowers EDPS scores and eliminate PPD symptoms

### Casey's Model of Nursing





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